

CLAIMANT'S NAME Joan E. Denton, Ph.D.			SSN OR EMPLOYEE NUMBER			DEPARTMENT OEHHA		
POSITION Director		CB/ID NUMBER N/R	DIVISION OR BUREAU Executive Office				INDEX NUMBER 1000	
RESIDENCE ADDRESS (See Work Address)			HEADQUARTERS ADDRESS 1001 I Street				TELEPHONE NUMBER (916) 322-6325	
CITY Sacramento		STATE CA	ZIP CODE 95814	CITY Sacramento		STATE CA	ZIP CODE 95814	

(1) MONTH/YEAR Sept. 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T./LT. NC. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMT		
9/1	8:00	Oakland, CA and return.						SC	4.00		0.00		4.00	
9/15	8:00	Oakland, CA and return.						SC	14.00		0.00		14.00	
9/22	8:00	Oakland, CA and return.						SC	14.00		0.00		14.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10)											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.00	0.0	0.00	0.00	32.00
CLAIM TOTAL												\$		32.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
9/1, 9/15 and 9/22/09: Attend staff meetings at OEHHA Oakland office.

(12) NORMAL WORK HOURS 0800 - 1700	AGENCY ACCOUNTING OFFICE USE ONLY
(13) PRIVATE VEHICLE LICENSE NO.	
(14) MILEAGE RATE CLAIMED	
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	
CLAIMANT'S SIGNATURE	DATE 11/03/09
(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	
DATE	
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	
DATE	